

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP.	IND	DEP.	IND	DEP.
1						
2						
3						
4						
5		2				
6		2				
7		1				
8		1				
9						
10						
11		4				
12		2				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	178					
TOTAL CLAIMS	178					

	IND	DEP.	IND	DEP.	IND	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						